CLAIMS ONLY

Application Number	Filing Date
10807195	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2	1					
3		2				
4		3				
5		4				
6		5				
7		3				
8		2				
9		3				
10		~~2~~ 2				
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48						
49						
50						
Total Indep	2					
Total Depend	32					
Total Claims	34					

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						